

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/937295	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		1	1			
4		3	1			
5		3	1			
6		3	1			
7		1	1			
8		1	1			
9		1	1			
10		1	1			
11		1	1			
12		1	1			
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34		1	1			
35		1	1			
36		1	1			
37		1	1			
38		1	1			
39		1	1			
40		1	1			
41		2	1	1		
42		1	1			
43		1	1			
44		1	1			
45		1	1			
46		1	1			
47		1	1			
48		1	1			
49		1	1			
50						
TOTAL IND.			12			
TOTAL DEP.			37			
TOTAL CLAIMS			49			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831